72A006 (2-03)
Commonwealth of Kentucky
REVENUE CABINET

## MOTOR FUEL TAX REFUND APPLICATION

## **Public Boat Dock**



(Motor Fuel Sold Exclusively for Use in Motorboats)

(KRS 138.445)

Name of Applicant	Account Number		
DBA	For the Period Ending		
Mailing Address P.O. Box or Number and Street	Telephone Number(		
City County State ZIP Code	Social Security Number  Federal Employer Identification Number (FEIN)		
• All refund claims must be filed on a calendar quarter or purchased for the purpose of operating or propelling motor refund is claimed must be attached to the application and in number of gallons, Kentucky excise tax charged and total Cabinet, Motor Fuels Tax Compliance Section, P.O. Box additional information, call (502) 564-3853. • A refund bon be refunded. • You will receive a refund of 100 percent of	boats. • An original ir clude the date of purc price. • Mail comple 1303, Station 63, Fra d must be on file with	nvoice for each purchase, invoice numb ted application to I ankfort, Kentucky	chase for which tax er, name of vendor, Kentucky Revenue 40602-1303. • For
		Gasoline	Special Fuels
<ol> <li>Number of gallons purchased (attach original dealer's invoices</li> <li>Motor fuel tax refund requested (line 1 times rate per gallon shown on invoice)</li> </ol>		<b>.</b>	\$
I, the undersigned, a principal officer of the above-named applicant, and belief true, correct and complete.	have examined this ap	plication and it is, to	the best of my knowledge
Signature	Title		
Print Name		Date	